

Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R??::

Number of CD disks::

Number of copies of CDs::

Sequence Submission:: Paper

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: TREATMENT OF POMPE'S DISEASE

Attorney Docket Number:: 16994G-012730US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 4

Small Entity?:: No

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Netherlands
Status:: Full Capacity
Given Name:: Johannes B.M.M.
Middle Name::
Family Name:: van Bree
Name Suffix::
City of Residence:: Nieuw-Vennep
State or Province of Residence::
Country of Residence:: Netherlands
Street of Mailing Address:: Dotterbloemstraat 27, 2153 ES
City of Mailing Address:: Nieuw-Vennep
State or Province of mailing address::
Country of mailing address:: Netherlands
Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor
Primary Citizenship Country:: Netherlands
Status:: Full Capacity
Given Name:: Edna
Middle Name:: H.G.
Family Name:: Venneker
Name Suffix::
City of Residence:: Saturnushof 15
State or Province of Residence::
Country of Residence:: Netherlands
Street of Mailing Address:: 3951 EE Maarn
City of Mailing Address:: Saturnushof 15
State or Province of mailing address::

Country of mailing address:: Netherlands

Postal or Zip Code of mailing address::

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: David

Middle Name:: P.

Family Name:: Meeker

Name Suffix::

City of Residence:: Concord

State or Province of Residence:: MA

Country of Residence:: US

Street of Mailing Address:: 39 Southfield Circle

City of Mailing Address:: Concord

State or Province of mailing address:: MA

Country of mailing address::

Postal or Zip Code of mailing address:: 01942

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/454,711	12/06/99
09/454,711	Provisional of	60/111,291	12/07/98

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name:: Genzyme Corporation

Street of mailing address:: One Kendall Square

City of mailing address:: Cambridge

State or Province of mailing address:: MA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 02139

Assignee Name:: *Pharming Intellectual Property B.V.*

Street of mailing address:: Niels Bohrweg 11-13

City of mailing address:: CA Leiden

State or Province of mailing address::

Country of mailing address:: The Netherlands

Postal or Zip Code of mailing address:: 2333